

CLAIMS ONLY

Application Number Filing Date
101624561

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Total Indep	Total Depend	Total Claims	*	*
	Indep	Depend	Indep	Depend	Indep	Depend				Indep	Depend
1	/						51				
2		/					52				
3							53				
4							54				
5		/					55				
6	/						56				
7		/					57				
8							58				
9							59				
10	/						60				
11		/					61				
12							62				
13		/					63				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	5						Total Indep				
Total Depend	8						Total Depend				
Total Claims	3						Total Claims				